1 8 2005 (c)		PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0551-0031 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE				
Undestile Paperwork Reduction Act of 1995.	Application Number	illection of information unless it displays a valid OMB control number. 10/657,906				
DEMARK OF TRANSMITTAL	Filing Date	August 09, 2003				
FORM	First Named Inventor	Stout, Tadlington A.				
	Art Unit	3764				
(to be used for all correspondence after initial fill		Nguyen, Tam M.				
Total Number of Pages in This Submission 9	Attorney Docket Number	STO100C				
	ENCLOSURES (Check al.	that apply)				
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatic Change of Correspondence ▼ Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Cl	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Itemized postcard				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Gavrilovich, Dodd, and Lind	dsey, LLP					
Signature	and D					
Printed name Charles D. Gavrilovich, Jr.						
Date January 12, 20	005	Reg. No. 41,031				

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FEE TRANSMITTAL For FY 2005		_	Application Nur		10/657,906	···		
		Li	Filing Date		August 09, 2003			
		Ī	First Named Inv		Stout, Tadlington	A.		
		—Ĭ	Examiner Name Nguyen, Tam M.					
Applicant claims sma	Il entity statu	s. See 37 CFR 1.27		Art Unit				
TOTAL AMOUNT OF PAY	YMENT (\$	55.00		Attorney Docke	et No.	STO100C		
METHOD OF PAYMEN	METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEA	FILING			CH FEES Small Entity	EXAM	INATION FEES Small Entity		
Application Type	Fee (\$)		Fee (\$)		Fee (Fees Paid (\$)	
Utility	300		500	250	200	100		
Design Plant	200		100	50	130	65		
	200		300	150	160	80	 	
Reissue	300		500	250	600	300		
Provisional 2. EXCESS CLAIM FE	200	100	0	0	0	0	Coroll Estitu	
Fee Description Each claim over 20 (Each independent of Multiple dependent of Total Claims	(including F aim over 3	(including Reissue		Paid (\$)		Fee (\$) 50 200 360	Small Entity Fee (\$) 25 100 180 pendent Claims	
20 - 20 or HP =			<u> </u>	0		Fee (\$)	Fee Paid (\$)	
HP = highest number of total Indep. Claims 3 - 3 or HP = HP = highest number of index 3. APPLICATION SIZE If the specification and listings under 37 C sheets or fraction to Total Sheets	al claims paid for Extra Claim 0 ependent claim if FEE d drawings CFR 1.52(e) thereof. See Extra She	or, if greater than 20. ms Fee (\$) x 100 = s paid for, if greater than exceed 100 sheets the application si 35 U.S.C. 41(a)(1) ets Number of	Fee 3. of pap ize fee)(G) a	Paid (\$) 0 er (excluding 6 due is \$250 (\$ and 37 CFR 1.1	\$125 for 16(s). or fractio	cally filed sequen small entity) for on thereof Fee	ace or computer each additional 50	
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SUBMITTED BY		~ 1		
Signature		alt	Registration No. (Attorney/Agent) 41,031	Telephone 619 271 0382
Name (Print/Type)	Charles D. Gavrilovich,	Jr.		Date Junay 12,2005

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